## UNITED STATES DISTRICT COURT

for the

Southern District of New York

| Southern District of New York  |     |   |  |  |  |  |  |
|--|-----|---|--|--|--|--|--|
| CASPER SLEEP, INC.,  | )   |   |  |  |  |  |  |
| Plaintiff(s) v. BENJAMIN TRAPSKIN,   | )   | Civil Action No. 16 Civ. 3225                             |  |  |  |  |  |
| Defendant(s  | ý ý |   |  |  |  |  |  |
| SUMMONS IN A CIVIL ACTION  |     |   |  |  |  |  |  |
| To: (Defendant's name and address)  Benjamin Trapskin 4805 Washburn Ave S Minneapolis, MN 55410-1851   |     |   |  |  |  |  |  |
| A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Frankfurt Kurnit Klein & Selz, P.C.  488 Madison Avenue, 10th Fl.  New York, NY 10022 (212) 980-0120 |     |   |  |  |  |  |  |
| If you fail to respond, ju<br>You also must file your answer   |     | red against you for the relief demanded in the complaint. |  |  |  |  |  |
|  |     | CLERK OF COURT  |  |  |  |  |  |
| Date:  |     | Signature of Clerk or Deputy Clerk                        |  |  |  |  |  |

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 16 Civ. 3225

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

|         | This summons for (n  | ame of individual and title, if a | ny)                 |                                 |      |                    |  |  |  |
|---------|--|-----------------------------------|---------------------|---------------------------------|------|--------------------|--|--|--|
| was red | ceived by me on (date)   |                                   | ·                   |                                 |      |                    |  |  |  |
|         | ☐ I personally serve   | ed the summons on the ind         | lividual at (place) |                                 |      |                    |  |  |  |
|         | on (date)  |                                   |                     | _ ; or                          |      |                    |  |  |  |
|         | ☐ I left the summons at the individual's residence or usual place of abode with (name) |                                   |                     |                                 |      |                    |  |  |  |
|         | on (date), and mailed a copy to the individual's last known address; or                |                                   |                     |                                 |      |                    |  |  |  |
|         |  |                                   |                     |                                 |      |                    |  |  |  |
|         | ☐ I served the sumn  | , who is                          |                     |                                 |      |                    |  |  |  |
|         | designated by law to accept service of process on behalf of (name of organization)     |                                   |                     |                                 |      |                    |  |  |  |
|         |  |                                   | on                  | (date)                          | ; or |                    |  |  |  |
|         | ☐ I returned the summons unexecuted because  |                                   |                     |                                 |      | or                 |  |  |  |
|         | ☐ Other (specify):   |                                   |                     |                                 |      |                    |  |  |  |
|         | My fees are \$   | for travel and                    | \$                  | for services, for a total of \$ | 0.00 |                    |  |  |  |
|         | I declare under penalty of perjury that this information is true.                      |                                   |                     |                                 |      |                    |  |  |  |
| Date:   |  |                                   |                     |                                 |      |                    |  |  |  |
|         | Server's signature   |                                   |                     |                                 |      | <del>20029</del> 8 |  |  |  |
|         | Printed name and title   |                                   |                     |                                 |      |                    |  |  |  |
|         |  | -                                 |                     | Server's address                |      |                    |  |  |  |

Additional information regarding attempted service, etc: